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ADA American Dental Association

211 East Chicago Avenue
Chicago, Illinois 60611-2678
312-440-2500

The 1990 Survey of Dental Fees

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The 1990 Survey of Dental Fees Summary

Data on dental fees charged by general practitioners and selected specialists are collected every three to five years by the American Dental Association's Bureau of Economic and Behavioral Research[1]. The questionnaire for the 1990 Survey of Dental Fees was mailed in April of 1990 to a sample population of 4450 dentists throughout the United States. They were asked to record the fee most often charged for 136 various dental procedures.

The frame from which the sample population was drawn consisted of all dentists known to be in private practice on a full- or part-time basis. Dentists were grouped by specialty or general practitioner status and a random sample was drawn for each group. Since specialists constitute a small percentage of the dentist population, they were oversampled to ensure adequate numbers for reliable statistical analysis (i.e., the proportion of specialists in the sample is higher than the percentage of specialists in the population).

After the initial mailing, a thorough follow-up to non-respondent dentists was conducted from May to July of 1990. There were 2461 completed surveys. Any individuals who were no longer in private practice, had retired, were deceased or had unknown addresses were eliminated from the sample. The adjusted sample size was used to calculate an adjusted response rate of 63.6%.

The codes identifying procedures on the questionnaire and used in this report were compatible to codes from the sixth revision of the "Code on dental procedures and nomenclature."[2] Previously published fee reports have referenced different revisions of the code and in January of 1990 a seventh revision was published by the ADA. Due to these changes, several procedure codes have been added or are otherwise inconsistent with previous reports. Care should be taken to properly identify procedures when comparing data in this fee survey report with that of previous reports.

Data are presented for general practitioners and then separately for six specialty groups. All data are reported nationally. Statistics for each procedure include: number of respondents, mean, mode, percentiles and the standard deviation. In order to insure statistical validity, fees are reported only for those procedures for which 75 or more responses were received. Readers are urged to examine the number of respondents and the standard deviation for any procedure in which they are interested; as a general rule: when the number of respondents is high and the standard deviation low, the statistics in question are more reliable than when the number of respondents is low and the standard deviation high.

Previously published versions of the Survey of Dental Fees, as well as other current and historical statistical data, is available from the Bureau of Economic and Behavioral Research. Please contact us at (800) 621-8099, extension 2568.

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[1]The American Dental Association fee survey is limited to the publication of statistics gathered from a nationwide random sample of dentists. It should not be interpreted as in any way constituting a fee schedule.

[2] Council on Dental Care Programs. "Code on dental procedures and nomenclature." JADA 114(3): 373-377, 1987.

Definition of Terms:

-Mean. Arithmetic average of all fees reported, obtained by taking the sum of all fees and dividing by the number of responses. It is possible that no dentist reported charging a fee that is exactly equal to the mean value. If the distribution of fees is not symmetrical (that is, one half is not the mirror image of the other) then the median is a better indicator of the typical fee charged than is the mean.

-Mode. The most frequently reported fee.

-Percentile. The fee such that a certain percentage of the dentists charge less than that fee and the remainder of the dentists charge more. The 50th percentile, or the median, describes the middle fee reported; half the fees exceed that value and half do not.

-Standard deviation. A measure of the typical deviation of sample values from the mean. It reflects the accuracy of the sample mean in representing the population. Normally, 68.0% of all responses fall within one standard deviation, of the mean, 95.5% fall within two standard deviations, and 99.7% fall within three standard deviations.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	923	19.59	15	10	15	18	25	30	35	8.75
Periodic oral examination (00120)	919	14.62	15	9	10	14	16	22	25	7.22
Emergency oral examination (00130)	898	19.52	15	10	15	19	25	30	35	9.35
Radiographs										
Intraoral, complete series (including bitewings) (00210)	878	46.33	45	35	40	45	50	60	68	12.35
Intraoral, periapical, first film (00220)	921	7.92	10	5	6	8	10	10	12	3.22
Intraoral, periapical, each additional film (00230)	896	6.08	5	3	5	6	7	9	10	2.68
Bitewings, two films (00272)	901	13.95	10	10	10	14	16	20	22	4.55
Bitewings, four films (00274)	770	21.13	20	14	16	20	25	30	33	7.17
Panoramic film (00330)	433	39.86	35	30	35	39	45	50	60	9.40
Tests and laboratory examinations										
Diagnostic casts (00470)	711	30.61	25	15	20	25	40	50	55	14.99
PREVENTIVE										
Dental prophylaxis										
Prophylaxis, adult (01110)	929	32.22	30	24	26	30	35	40	50	9.49
Prophylaxis, child (01120)	909	23.13	20	15	18	22	25	32	35	7.81
Topical application of fluoride (including prophylaxis) child (01201)	612	28.38	30	10	19	28	37	45	55	14.33
Topical application of fluoride (including prophylaxis) adult (01205)	486	34.65	40	10	25	37	45	53	60	17.43
Topical application of fluoride (excluding prophylaxis) child (01203)	736	14.61	10	8	10	13	16	24	30	7.00
Topical application of fluoride (excluding prophylaxis) adult (01204)	614	14.37	10	8	10	13	16	22	25	6.29
Other preventive services										
Sealant, per tooth (01351)	814	17.63	15	10	14	15	20	25	30	6.88

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Space maintenance (passive appliances)										
Space maintainer, fixed, unilateral (01510)	539	100.60	75	55	75	95	125	150	175	41.95
Space maintainer, fixed, bilateral (01515)	463	149.70	150	85	100	150	175	210	250	62.29
RESTORATIVE										
Amalgam restoration (including polishing)										
Amalgam, one surface, primary (02110)	894	31.28	30	20	25	30	35	41	47	8.63
Amalgam, two surfaces, primary (02120)	893	42.39	40	30	35	41	48	58	65	11.69
Amalgam, three surfaces, primary (02130)	879	53.11	45	35	44	50	60	74	84	15.76
Amalgam, one surface, permanent (02140)	918	35.13	30	25	30	34	40	46	50	9.59
Amalgam, two surfaces, permanent (02150)	917	47.45	45	35	40	45	52	60	70	12.95
Amalgam, three surfaces, permanent (02160)	916	59.58	60	45	50	56	65	76	90	17.69
Amalgam, four or more surfaces, permanent (02161)	866	71.13	60	50	59	67	80	95	113	21.24
Filled or unfilled resin restorations										
Resin, one surface, anterior (02330)	924	42.25	40	30	35	40	48	58	65	12.22
Resin, two surfaces, anterior (02331)	921	56.25	50	38	45	54	63	79	90	18.09
Resin, three surfaces, anterior (02332)	903	70.50	60	45	55	65	80	97	121	25.72
Resin, four or more surfaces, or involving incisal angle (02335)	868	88.45	75	53	65	80	100	130	150	36.42
Resin, one surface, posterior, permanent (02385)	748	47.11	50	30	35	45	55	68	75	17.95
Resin, two surfaces, posterior, permanent (02386)	711	65.46	60	40	48	60	75	95	120	27.90
Resin, three surfaces, posterior, permanent (02387)	671	82.92	75	48	60	75	94	125	150	37.40
Inlay, metallic, one surface (02510)	310	261.20	250	150	190	250	308	400	497	112.40
Inlay, metallic, two surfaces (02520)	403	312.50	250	200	250	300	350	445	525	107.20
Inlay, metallic, three surfaces (02530)	416	356.70	300	250	300	350	400	492	566	103.50
Onlay, metallic, per tooth (in addition to inlay) (02540)	448	335.90	350	65	275	365	425	500	550	155.40

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Crowns, single restoration only										
Crown, resin with high noble metal (02720)	260	436.70	400	300	371	415	500	594	659	117.40
Crown, porcelain/ceramic substrate (02740)	526	435.80	400	325	375	425	491	561	625	100.90
Crown, porcelain fused to high noble metal (02750)	720	446.80	450	345	380	425	500	584	636	103.80
Crown, porcelain fused to predominantly base metal (02751)	547	399.80	400	300	345	395	450	511	575	87.71
Crown, porcelain fused to noble metal (02752)	639	427.20	400	325	370	410	475	550	600	93.03
Crown, full cast high noble metal (02790)	786	430.70	400	325	370	415	475	560	616	100.20
Crown, 3/4 cast metallic (02810)	452	403.40	400	300	350	399	450	525	597	98.47
Other restorative services										
Recement crown (02920)	878	31.51	25	15	20	28	35	45	50	35.65
Prefabricated stainless steel crown, primary tooth (02930)	620	82.43	75	50	60	75	95	125	150	34.56
Prefabricated stainless steel crown, permanent tooth (02931)	514	91.67	75	50	70	85	100	130	175	38.54
Sedative filling (02940)	830	29.71	25	15	22	30	35	45	50	12.28
Crown buildup, including any pins (02950)	793	84.59	75	49	61	77	100	125	150	34.40
Cast post and core, in addition to crown (02952)	731	138.40	150	75	100	125	163	200	250	61.29
Labial veneer (laminate) (02960)	526	189.40	125	75	100	150	250	350	400	115.80
Labial veneer (porcelain laminate) laboratory (02962)	617	310.50	300	200	250	300	350	431	500	101.10
ENDODONTICS										
Pulp capping										
Pulp cap, direct (excluding final restoration) (03110)	663	25.24	15	10	15	20	30	45	52	18.32
Pulp cap, indirect (excluding final restoration) (03120)	558	24.71	15	10	15	20	30	45	52	17.52
Pulpotomy										
Therapeutic pulpotomy (excluding final restoration) (03220)	744	54.21	50	25	38	50	68	85	100	25.45

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Root canal therapy (including treatment plan, clinical procedures, and follow-up care)										
One canal (excluding final restoration) (03310)	839	219.10	200	150	180	210	250	300	327	59.89
Two canals (excluding final restoration) (03320)	816	273.00	250	200	225	265	300	351	400	66.13
Three canals (excluding final restoration) (03330)	757	349.00	350	255	300	350	395	450	495	79.78
Periapical services										
Apicoectomy (per tooth), first root (03410)	328	183.70	150	90	125	169	234	285	350	83.51
PERIODONTICS										
Surgical services (including usual postoperative services)										
Gingivectomy or gingivoplasty, per quadrant (04210)	403	190.00	150	75	125	175	250	300	350	99.45
Gingivectomy or gingivoplasty, per tooth (04211)	374	71.10	50	30	40	60	75	125	180	55.36
Gingival curettage (04220)	480	106.60	75	40	60	75	120	200	320	98.62
Osseous surgery (including flap entry and closure), per quadrant (04260)	287	327.70	350	150	250	325	400	495	525	153.00
Adjunctive periodontal services										
Provisional splinting, extracoronal (04321)	338	123.60	100	40	60	100	150	246	262	127.00
Root planing, per quadrant (04341)	703	79.67	75	40	60	75	95	125	150	37.31
Periodontal scaling performed in the presence of gingival inflammation (04345)	615	69.78	50	35	42	55	75	120	150	55.20
PROSTHODONTICS (REMOVABLE)										
Complete dentures (including routine post delivery care)										
Complete upper (05110)	918	531.20	500	350	425	500	600	725	800	165.10
Complete lower (05120)	916	533.20	500	350	425	500	600	750	800	165.60
Immediate upper (05130)	878	557.70	600	360	450	550	650	750	851	171.90
Immediate lower (05140)	869	558.40	600	360	450	550	650	750	850	171.90

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Partial dentures (including routine post delivery care)										
Upper partial, acrylic base (including any conventional clasps and rests) (05211)	725	401.50	250	200	265	375	500	650	738	175.80
Lower partial, acrylic base (including any conventional clasps and rests) (05212)	703	406.70	250	200	275	375	500	650	739	175.30
Upper partial, predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05213)	853	588.10	550	425	476	565	661	768	875	166.80
Lower partial, predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05214)	853	587.90	550	425	479	564	664	763	885	167.90
Repairs to complete dentures										
Repair broken complete denture base (05510)	842	59.58	50	30	40	50	75	95	120	29.81
Replace missing or broken teeth, complete denture (each tooth) (05520)	854	49.83	50	25	35	45	60	80	95	24.71
Repairs to partial dentures										
Repair acrylic saddle or base (05610)	764	58.92	50	30	40	50	75	95	120	30.09
Repair cast framework (05620)	558	88.54	75	50	60	80	100	150	150	38.88
Repair or replace broken clasp (05630)	730	77.48	75	40	50	75	95	125	145	35.32
Replace broken teeth (per tooth) (05640)	793	47.67	50	25	35	45	60	75	90	22.08
Add tooth to existing partial denture (05650)	802	66.02	50	30	45	60	80	100	125	32.06
Add clasp to existing partial denture (05660)	744	84.93	75	40	60	75	104	130	150	38.72
Denture rebase procedures										
Rebase complete upper denture (05710)	619	177.00	150	100	125	165	210	267	300	72.45
Denture reline procedures										
Reline complete upper denture (chairside) (05730)	675	105.60	75	50	75	100	130	165	193	47.70
Reline complete lower denture (chairside) (05731)	667	105.10	75	50	75	100	126	165	194	47.75
Reline complete upper denture (laboratory) (05750)	861	155.70	150	100	125	150	176	217	250	57.20
Reline complete lower denture (laboratory) (05751)	858	155.70	150	100	125	150	176	211	250	57.22

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
PROSTHODONTICS (FIXED)										
(each abutment and each pontic constitutes a unit in a bridge)										
Bridge pontics										
Pontic, cast high noble metal (06210)	713	424.40	400	300	360	405	475	560	625	110.70
Pontic, porcelain fused to high noble metal (06240)	780	436.40	450	320	374	425	495	575	635	110.40
Pontic, porcelain fused to predominantly base metal (06241)	588	395.20	400	290	335	395	450	520	575	96.70
Retainers										
Cast metal retainer for acid etch bridge (06545)	484	239.30	150	85	120	197	300	450	589	173.00
Bridge retainers, crowns										
Crown, resin with high noble metal (06720)	302	442.00	425	300	370	423	500	600	671	117.50
Crown, porcelain fused to high noble metal (06750)	748	445.50	450	345	375	425	495	590	636	103.10
Crown, porcelain fused to predominantly base metal (06751)	564	404.60	400	300	345	395	450	525	582	91.71
Crown, 3/4 cast high noble metal (06780)	431	417.90	400	300	355	400	450	550	627	101.90
Crown, full cast high noble metal (06790)	731	432.80	400	325	370	410	480	560	632	105.50
Other fixed prosthetic services										
Recement bridge (06930)	878	44.17	25	20	30	40	50	70	75	29.82
ORAL AND MAXILLOFACIAL SURGERY										
Extractions (includes local anesthesia and routine postoperative care)										
Single tooth (07110)	906	43.84	35	28	35	40	50	60	75	15.20
Each additional tooth (07120)	890	39.49	35	25	30	38	45	56	65	14.51

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Surgical extractions (includes local anesthesia and routine post operative care)										
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (07210)	649	85.90	75	50	62	75	100	128	150	38.41
Removal of impacted tooth, soft tissue (07220)	529	96.72	75	55	75	90	120	150	157	39.66
Removal of impacted tooth, partially bony (07230)	393	133.60	125	75	100	125	150	187	228	54.30
Removal of impacted tooth, completely bony (07240)	266	169.10	150	100	130	169	200	229	260	56.67
Removal of impacted tooth, completely bony, with unusual surgical complications (07241)	140	200.30	150	120	150	198	247	296	351	71.46
Surgical removal of residual tooth roots (cutting procedure) (07250)	479	85.65	75	45	55	75	100	140	170	42.79
Other surgical procedures										
Surgical exposure of impacted or unerupted tooth to aid eruption (07281)	318	80.81	75	35	45	75	100	150	185	48.87
Alveoplasty, surgical preparation of ridge for dentures										
Alveoplasty in conjunction with extractions, per quadrant (07310)	418	88.38	75	40	50	75	100	150	190	56.10
Alveoplasty not in conjunction with extractions, per quadrant (07320)	365	117.80	75	50	75	100	150	200	250	61.15
Removal of tumors, cysts, and neoplasms										
Excision of benign tumor, lesion diameter of up to 1.25 cm (07430)	111	108.10	75	40	60	86	125	208	270	68.25
Removal of extosis, maxilla or mandible (07470)	99	162.40	150	60	100	150	200	300	325	83.80
Reduction of dislocation and management of other temporomandibular joint dysfunctions										
Occlusal orthotic appliance (07880)	173	319.30	250	120	170	250	385	583	750	235.50
Repair of trauma wounds										
Suture of recent small wounds up to 5 cm (07910)	247	61.82	50	25	35	50	75	100	150	40.59
Other repair procedures										
Frenulectomy (frenectomy or frenotomy), separate procedure (07960)	299	111.60	125	50	75	100	150	175	225	64.46
Excision of hyperplastic tissue, per arch (07970)	220	124.70	125	50	75	100	150	249	275	79.84

Source: American Dental Association, 1990 Survey of Dental Fees.

GENERAL PRACTITIONERS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
ORTHODONTICS										
Minor treatment for tooth guidance										
Removable appliance therapy (08110)	262	322.60	250	125	175	250	373	550	800	270.80
Fixed appliance therapy (08120)	153	484.10	200	125	200	300	525	860	1860	566.00
Comprehensive orthodontic treatment, transitional dentition										
Class I malocclusion (08460)	78	1872.00	2500	495	1238	2200	2500	2800	2905	838.30
Comprehensive orthodontic treatment, permanent dentition										
Class I malocclusion (08560)	82	2190.00	2400	1215	2000	2397	2500	2800	3000	614.60
Class II malocclusion (08570)	77	2328.00	2500	1410	2200	2500	2700	2908	3283	668.80
ADJUNCTIVE GENERAL SERVICES										
Unclassified treatment										
Palliative (emergency) treatment of dental pain, minor procedures (09110)	811	31.32	25	15	20	30	40	50	53	13.89
Anesthesia										
Regional block anesthesia (09211)	281	4.72	0	0	0	0	5	20	25	9.20
Analgesia (09230)	298	14.42	0	0	0	14	20	30	40	15.05
Miscellaneous services										
Occlusal guards, by report (09940)	606	164.30	150	50	85	150	225	300	350	100.60
Occlusal adjustment, complete (09952)	405	167.30	100	47	75	140	225	326	400	127.20
Occlusal adjustment, limited (09951)	491	56.86	50	20	25	45	75	119	150	46.20

Source: American Dental Association, 1990 Survey of Dental Fees.

ORAL SURGEONS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	113	29.80	25	15	21	26	35	45	50	18.55
Periodic oral examination (00120)	75	21.85	15	6	15	20	26	37	45	11.63
Emergency oral examination (00130)	111	34.85	35	15	20	30	40	59	75	24.18
Radiographs										
Intraoral, periapical, first film (00220)	104	9.80	10	5	8	10	10	15	15	3.86
Intraoral, periapical, each additional film (00230)	93	7.52	5	5	5	7	10	10	10	2.98
Panoramic film (00330)	115	45.52	40	35	40	45	50	60	71	11.07
ORAL AND MAXILLOFACIAL SURGERY										
Extractions (includes local anesthesia and routine postoperative care)										
Single tooth (07110)	122	56.98	45	35	45	50	65	83	95	20.79
Each additional tooth (07120)	122	48.28	40	30	36	45	55	75	80	16.58
Surgical extractions (includes local anesthesia and routine post operative care)										
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (07210)	122	95.10	75	65	75	90	110	125	150	27.58
Removal of impacted tooth, soft tissue (07220)	122	122.50	100	90	95	120	140	170	199	33.72
Removal of impacted tooth, partially bony (07230)	122	162.20	150	121	135	150	180	222	250	39.76
Removal of impacted tooth, completely bony (07240)	122	197.30	250	146	160	185	225	260	300	50.53
Removal of impacted tooth, completely bony, with unusual surgical complications (07241)	122	244.10	200	175	200	225	276	350	400	76.71
Surgical removal of residual tooth roots (cutting procedure) (07250)	121	112.30	100	75	85	100	125	173	200	41.49
Other surgical procedures										
Surgical exposure of impacted or unerupted tooth to aid eruption (07281)	121	200.90	150	125	150	190	250	300	325	72.03
Alveoplasty, surgical preparation of ridge for dentures										
Alveoplasty in conjunction with extractions, per quadrant (07310)	110	91.43	50	50	59	80	107	150	175	43.15
Alveoplasty not in conjunction with extractions, per quadrant (07320)	118	127.40	150	75	87	125	150	200	250	55.32

Source: American Dental Association, 1990 Survey of Dental Fees.

ORAL SURGEONS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Removal of tumors, cysts, and neoplasms										
Excision of benign tumor, lesion diameter of up to 1.25 cm (07430)	119	173.90	150	80	125	150	200	300	350	79.17
Removal of odontogenic cyst or tumor, lesion diameter up to 1.25 cm (07450)	119	226.60	150	100	140	200	288	350	500	134.80
Removal of extosis, maxilla or mandible (07470)	118	259.40	150	125	150	225	306	452	501	136.80
Treatment of fractures, compound										
Mandible, open reduction (07730)	112	1750.00	2500	800	1200	1775	2288	2785	3000	758.30
Repair of trauma wounds										
Suture of recent small wounds up to 5 cm (07910)	112	218.30	250	86	125	200	250	400	500	124.90
Other repair procedures										
Frenulectomy (frenectomy or frenotomy), separate procedure (07960)	118	154.20	150	95	125	150	184	227	251	58.67
Excision of hyperplastic tissue, per arch (07970)	115	227.20	150	119	150	200	275	400	480	127.60
ADJUNCTIVE GENERAL SERVICES										
Unclassified treatment										
Palliative (emergency) treatment of dental pain, minor procedures (09110)	75	36.77	25	19	25	35	50	65	75	17.26
Anesthesia										
General anesthesia, first 30 minutes (09220)	97	118.80	150	75	90	120	150	167	176	37.79
General anesthesia, each additional 15 minutes (09221)	77	42.65	25	25	25	35	50	75	87	22.52
Analgesia (09230)	80	53.70	75	10	26	50	75	100	119	37.70

Source: American Dental Association, 1990 Survey of Dental Fees.

ENDODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
ENDODONTICS										
Pulpotomy										
Therapeutic pulpotomy (excluding final restoration) (03220)	80	89.44	75	45	56	75	124	150	180	44.64
Root canal therapy (including treatment plan, clinical procedures, and follow-up care)										
One canal (excluding final restoration) (03310)	114	335.60	325	240	275	325	395	450	485	86.85
Two canals (excluding final restoration) (03320)	114	399.90	325	280	324	385	475	525	585	101.30
Three canals (excluding final restoration) (03330)	114	497.40	450	377	425	475	575	647	695	106.00
Periapical services										
Apicoectomy (per tooth), first root (03410)	106	330.10	250	200	250	315	400	500	503	113.70

Source: American Dental Association, 1990 Survey of Dental Fees.

ORTHODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	129	14.12	0	0	0	15	20	30	37	15.66
Periodic oral examination (00120)	82	9.34	0	0	0	0	19	25	30	12.50
Radiographs										
Panoramic film (00330)	113	39.15	35	25	32	39	45	50	56	10.20
Tests and laboratory examinations										
Diagnostic casts (00470)	116	42.05	50	25	30	40	50	60	75	16.21
ORTHODONTICS										
Minor treatment for tooth guidance										
Removable appliance therapy (08110)	152	521.40	250	150	250	438	750	1070	1267	360.50
Fixed appliance therapy (08120)	145	1076.00	500	300	450	750	1400	2597	3140	890.60
Comprehensive orthodontic treatment, transitional dentition										
Class I malocclusion (08460)	154	2198.00	2800	1000	1500	2400	2850	3200	3402	860.60
Class II malocclusion (08470)	156	2326.00	2800	1000	1513	2500	3000	3330	3601	892.60
Class III malocclusion (08480)	151	2415.00	2800	1000	1700	2600	3100	3500	3800	919.60
Comprehensive orthodontic treatment, permanent dentition										
Class I malocclusion (08560)	173	2765.00	2800	2200	2450	2800	3000	3400	3500	452.20
Class II malocclusion (08570)	171	2898.00	3000	2400	2600	2900	3110	3500	3646	448.60
Class III malocclusion (08580)	169	2986.00	3200	2450	2600	2950	3200	3600	3875	502.30
Other orthodontic services										
Treatment of the atypical or extended skeletal case (08650)	146	3219.00	3500	2500	2800	3200	3525	3862	4200	695.10
Posttreatment stabilization (08750)	131	139.20	0	0	0	50	250	350	500	174.70

Source: American Dental Association, 1990 Survey of Dental Fees.

PEDIATRIC DENTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	105	22.74	20	15	17	20	25	35	39	8.39
Periodic oral examination (00120)	105	16.56	15	10	12	15	20	23	25	7.82
Emergency oral examination (00130)	103	24.16	25	15	18	25	29	35	42	8.61
Radiographs										
Intraoral, periapical, first film (00220)	104	8.77	10	5	6	8	10	14	15	3.30
Intraoral, periapical, each additional film (00230)	102	8.07	5	5	5	7	9	11	14	8.36
Bitewings, two films (00272)	102	15.08	10	10	12	14	18	20	26	5.41
Panoramic film (00330)	88	43.06	35	31	35	40	50	65	65	11.15
Tests and laboratory examinations										
Diagnostic casts (00470)	87	42.90	35	25	31	40	50	64	75	16.53
PREVENTIVE										
Dental prophylaxis										
Prophylaxis, child (01120)	101	22.28	20	15	18	20	25	34	35	6.98
Topical application of fluoride (excluding prophylaxis) child (01203)	91	14.69	12	10	11	14	18	21	25	5.32
Other preventive services										
Sealant, per tooth (01351)	103	22.06	15	15	17	20	25	30	35	6.85
Space maintenance (passive appliances)										
Space maintainer, fixed, unilateral (01510)	102	133.40	95	81	95	123	150	223	250	54.31
Space maintainer, fixed, bilateral (01515)	102	213.60	150	137	150	200	250	307	372	73.50

Source: American Dental Association, 1990 Survey of Dental Fees.

PEDIATRIC DENTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
RESTORATIVE										
Amalgam restoration (including polishing)										
Amalgam, one surface, primary (02110)	105	36.76	30	28	30	35	42	50	53	9.25
Amalgam, two surfaces, primary (02120)	104	50.53	50	37	41	48	57	67	89	14.02
Amalgam, three surfaces, primary (02130)	104	63.50	50	46	50	58	70	90	110	19.15
Amalgam, one surface, permanent (02140)	105	38.21	30	30	32	36	43	50	53	8.92
Amalgam, two surfaces, permanent (02150)	105	52.14	50	39	44	50	58	69	88	13.54
Amalgam, three surfaces, permanent (02160)	105	66.25	55	50	54	60	75	95	110	19.04
Amalgam, four or more surfaces, permanent (02161)	83	81.01	65	55	63	75	95	120	134	26.78
Filled or unfilled resin restorations										
Resin, one surface, anterior (02330)	104	44.12	45	32	35	44	50	59	68	10.60
Resin, two surfaces, anterior (02331)	103	60.66	55	42	48	58	69	86	99	17.61
Resin, three surfaces, anterior (02332)	98	75.59	70	50	60	70	85	110	130	26.12
Resin, four or more surfaces, or involving incisal angle (02335)	94	114.00	125	72	83	100	125	175	225	52.66
Resin, one surface, posterior, permanent (02385)	89	48.65	50	34	39	46	55	70	78	14.63
Resin, two surfaces, posterior, permanent (02386)	77	67.58	55	45	50	60	78	110	120	24.19
Other restorative services										
Prefabricated stainless steel crown, primary tooth (02930)	97	100.70	75	70	78	95	123	145	165	29.68
Prefabricated stainless steel crown, permanent tooth (02931)	94	115.30	100	77	90	110	143	160	185	33.36
Sedative filling (02940)	92	27.04	20	15	20	25	35	45	52	13.24

Source: American Dental Association, 1990 Survey of Dental Fees.

PEDIATRIC DENTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
ENDODONTICS										
Pulp capping										
Pulp cap, direct (excluding final restoration) (03110)	82	24.23	25	13	15	22	25	44	50	12.26
Pulp cap, direct (excluding final restoration) (03120)	76	24.64	25	10	15	22	27	46	53	12.98
Pulpotomy										
Therapeutic pulpotomy (excluding final restoration) (03220)	105	61.10	55	35	45	58	74	85	110	24.38
ORAL AND MAXILLOFACIAL SURGERY										
Extractions (includes local anesthesia and routine postoperative care)										
Single tooth (07110)	103	43.41	35	30	34	40	50	65	75	14.74
Each additional tooth (07120)	102	41.62	35	26	32	40	50	63	74	14.05
ADJUNCTIVE GENERAL SERVICES										
Unclassified treatment										
Palliative (emergency) treatment of dental pain, minor procedures (09110)	90	30.30	25	15	25	30	35	48	50	11.54

Source: American Dental Association, 1990 Survey of Dental Fees.

PERIODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	117	55.76	75	30	40	55	70	80	95	21.60
Periodic oral examination (00120)	101	25.94	25	2	15	25	35	50	59	16.49
Emergency oral examination (00130)	110	33.40	25	20	25	33	40	54	69	15.35
Radiographs										
Intraoral, complete series (including bitewings) (00210)	120	56.97	60	40	45	55	65	75	85	14.13
Intraoral, periapical, first film (00220)	115	8.36	10	5	5	8	10	12	15	3.35
Intraoral, periapical, each additional film (00230)	109	5.42	5	3	5	5	6	10	10	2.20
PREVENTIVE										
Dental prophylaxis										
Prophylaxis, adult (01110)	96	54.31	45	35	44	55	65	75	75	17.52
PERIODONTICS										
Surgical services (including usual postoperative services)										
Gingivectomy or gingivoplasty, per quadrant (04210)	107	334.90	300	220	260	310	400	500	500	105.30
Gingivectomy or gingivoplasty, per tooth (04211)	92	114.20	50	46	50	93	150	238	275	73.19
Gingival curettage (04220)	90	170.90	125	75	100	150	200	298	372	99.85
Osseous surgery (including flap entry and closure), per quadrant (04260)	120	534.20	500	385	450	516	600	698	750	121.80
Adjunctive periodontal services										
Root planing, per quadrant (04341)	120	112.70	150	60	85	113	140	154	175	38.64
Periodontal scaling performed in the presence of gingival inflammation (04345)	94	104.80	75	52	68	95	131	150	200	59.85

Source: American Dental Association, 1990 Survey of Dental Fees.

PERIODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
ADJUNCTIVE GENERAL SERVICES										
Unclassified treatment										
Palliative (emergency) treatment of dental pain, minor procedures (09110)	80	41.45	35	25	30	40	50	69	75	17.10
Miscellaneous services										
Occlusal guards, by report (09940)	91	284.00	250	170	225	280	350	395	456	88.61
Occlusal adjustment, complete (09952)	87	241.20	250	100	150	250	300	400	498	124.90
Occlusal adjustment, limited (09951)	89	100.70	50	45	58	85	125	176	250	62.92

Source: American Dental Association, 1990 Survey of Dental Fees.

PROSTHODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
DIAGNOSTIC										
Clinical oral examinations										
Initial oral examination (00110)	115	37.40	25	15	20	30	50	65	96	25.38
Periodic oral examination (00120)	113	20.74	15	10	15	20	25	35	50	12.12
Emergency oral examination (00130)	107	30.26	25	15	20	25	35	50	73	15.77
Radiographs										
Intraoral, complete series (including bitewings) (00210)	108	57.91	50	40	45	55	67	75	95	16.80
Intraoral, periapical, first film (00220)	106	9.43	10	5	6	10	10	15	19	4.88
Intraoral, periapical, each additional film (00230)	106	7.07	5	3	5	5	8	10	15	4.99
Bitewings, two films (00272)	90	15.33	15	10	12	15	18	20	25	5.51
Bitewings, four films (00274)	91	25.07	20	15	20	25	30	39	40	7.58
Tests and laboratory examinations										
Diagnostic casts (00470)	93	47.42	25	20	25	35	60	83	115	31.65
PREVENTIVE										
Dental prophylaxis										
Prophylaxis, adult (01110)	103	45.02	35	26	35	40	55	70	75	15.32
PROSTHODONTICS (REMOVABLE)										
Complete dentures (including routine post delivery care)										
Complete upper (05110)	114	1096.00	900	560	711	935	1263	1900	2500	534.00
Complete lower (05120)	114	1098.00	900	560	741	938	1263	1900	2500	534.80
Immediate upper (05130)	114	1053.00	1200	500	650	950	1213	1849	2425	535.10
Immediate lower (05140)	113	1048.00	1200	500	650	950	1225	1889	2430	541.90

Source: American Dental Association, 1990 Survey of Dental Fees.

PROSTHODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
Partial dentures (including routine post delivery care)										
Upper partial, acrylic base (including any conventional clasps and rests) (05211)	87	746.40	850	266	400	698	925	1500	1790	456.60
Lower partial, acrylic base (including any conventional clasps and rests) (05212)	84	766.70	850	286	400	750	925	1500	1812	461.40
Upper partial, predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05213)	104	1104.00	750	610	750	913	1200	1825	2475	540.40
Lower partial, predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05214)	104	1105.00	850	610	753	913	1200	1825	2475	540.50
Repairs to complete dentures										
Repair broken complete denture base (05510)	104	88.04	75	35	50	75	99	200	250	62.97
Replace missing or broken teeth, complete denture (each tooth) (05520)	102	62.25	75	25	40	55	75	100	125	35.47
Repairs to partial dentures										
Repair acrylic saddle or base (05610)	96	75.58	50	35	50	65	90	125	157	44.26
Repair or replace broken clasp (05630)	92	102.40	75	46	66	85	125	172	217	58.90
Replace broken teeth (per tooth) (05640)	96	57.66	75	25	36	50	75	93	101	26.73
Add tooth to existing partial denture (05650)	93	88.31	75	40	50	75	103	150	207	57.14
Add clasp to existing partial denture (05660)	93	108.20	150	40	65	90	150	190	232	70.19
Denture rebase procedures										
Rebase complete upper denture (05710)	98	305.10	250	150	193	250	378	474	602	219.80
Denture reline procedures										
Reline complete upper denture (chairside) (05730)	83	164.60	150	71	95	150	200	290	312	86.54
Reline complete lower denture (chairside) (05731)	83	163.60	150	71	95	150	200	290	312	86.05
Reline complete upper denture (laboratory) (05750)	104	283.00	250	150	180	250	323	475	575	166.20
Reline complete lower denture (laboratory) (05751)	104	282.30	250	150	180	250	323	475	575	166.30

Source: American Dental Association, 1990 Survey of Dental Fees.

PROSTHODONTISTS

Description of service	No. of respondents	Mean	Mode	Percentiles 10th	25th	50th	75th	90th	95th	standard deviation
PROSTHODONTICS (FIXED)										
(each abutment and each pontic constitutes a unit in a bridge)										
Bridge pontics										
Pontic, cast high noble metal (06210)	98	615.90	650	399	479	600	750	855	950	181.30
Pontic, porcelain fused to high noble metal (06240)	104	632.50	650	408	500	633	750	875	937	175.00
Bridge retainers, crowns										
Crown, porcelain fused to high noble metal (06750)	101	643.80	700	430	500	650	750	890	950	168.40
Crown, 3/4 cast high noble metal (06780)	84	610.50	700	417	500	600	700	850	900	157.60
Crown, full cast high noble metal (06790)	98	625.60	650	419	500	605	731	855	902	165.90
Other fixed prosthetic services										
Recement bridge (06930)	101	55.45	50	25	30	50	75	97	109	29.96
ADJUNCTIVE GENERAL SERVICES										
Unclassified treatment										
Palliative (emergency) treatment of dental pain, minor procedures (09110)	84	39.57	35	20	29	40	50	65	75	18.01
Miscellaneous services										
Occlusal guards, by report (09940)	77	299.00	250	100	208	300	378	450	510	136.90
Occlusal adjustment, complete (09952)	75	285.20	250	96	140	250	350	500	710	240.40
Occlusal adjustment, limited (09951)	75	104.70	100	38	50	80	125	200	250	75.76

Source: American Dental Association, 1990 Survey of Dental Fees.

American
Dental
Association

211 East Chicago Avenue
Chicago, Illinois 60611-2678
312-440-2500

1990 Survey of Dental Fees

Please answer all questions by **circling** the number corresponding to the most appropriate response, except where a fill-in-the-blank is requested.

1. Which of the following **best** describes your primary occupation(s) during 1989?

		Primary Occupation
a.	private practice (full- or part-time)	1
b.	dental school faculty/staff member	2
c.	armed forces	3
d.	other federal services (e.g., VA, PHS)	4
e.	state or local government employed	5
f.	hospital staff dentist	6
g.	intern/resident	7
h.	other student	8
i.	other health/dental organization (e.g., NIDR)	9
j.	not in practice	10
k.	retired	11
l.	occupation unrelated to dentistry	12

Please complete the remainder of this survey if you were in **private practice** as a **primary occupation** during any part of 1989.

If you were **not involved** in the **private practice** of dentistry during any part of 1989, please return this questionnaire. Thank you.

2a. Were you **announcing yourself and practicing** as a specialist in an ADA recognized specialty area (dental public health, endodontics, oral and maxillofacial surgery, oral pathology, orthodontics, pediatric dentistry, or prosthodontics) in your **primary practice** in 1989?

yes	1
no	2

2b. Which **one** of the following specialties are you actively practicing?

a.	oral and maxillofacial surgery	10
b.	endodontics	15
c.	orthodontics	20
d.	pediatric dentistry	30
e.	periodontics	40
f.	prosthodontics	50
g.	oral pathology	60
h.	public health	82

3. Please describe your employment situation in your **primary practice** during 1989.

   a. The practice was:
      1. incorporated 1
      2. unincorporated 2

   b. You were:
      1. a sole proprietor (i.e., the only owner) 1
      2. a partner (i.e., one of two or more owners) 2
      3. an employee (on a salary, commission, percentage or associate basis) 3
      4. an independent contractor 4
      5. other, please specify _____

4. **Including yourself**, please indicate the number of full- or part-time **dentist positions** in the entire **primary practice** during 1989. (If none, enter zero.)

		Number of Dentist Positions
a.	number of **owner** dentists (i.e., sole proprietors, partners or shareholders)	_____
b.	number of **non-owner** dentists (i.e., employed dentists, associates and non-shareholders). If none, enter zero	_____

5. Please indicate the **total** number of full- or part-time (non-dentist) employee positions in the **entire primary practice** in 1989. (If none, enter zero.) _____

6. Please answer the following about the time you **personally** spent in your **primary practice**.

   a. average number of weeks worked (excluding vacation) ..... _____ weeks per year

   b. average number of **hours per week** spent in the primary practice ..... _____ hours per week

   c. average number of hours per week spent **treating patients** in the primary practice ..... _____ hours per week

7. During a typical week during 1989, what percentage of your **time treating patients** in your **primary practice** was devoted to each of the following procedures? (If none, enter zero for each.)

		Percent of Time per Week
a.	diagnostic (exams, x-rays, etc.)	_____ %
b.	preventive (fluoride treatments, prophylaxis, patient education, pit and fissure sealants, etc.)	_____ %
c.	operative (restorations, amalgams, inlays, etc.)	_____ %
d.	prosthodontics	_____ %
e.	endodontics	_____ %
f.	periodontics	_____ %
g.	orthodontics	_____ %
h.	oral and maxillofacial surgery	_____ %
i.	general services (patient management, anesthesia, counseling, miscellaneous)	_____ %
		Total 100%

8. Please indicate the following regarding patient care that **you personally** provided in the primary practice during 1989.

   The average number of:

   a. **total patient visits** per week that **you treated** (excluding those with hygienist appointments only) ..... _____ visits per week

   b. **emergency and walk-in visits** per week that you treated (unscheduled) If none, enter zero ..... _____ visits per week

9. What was the zip code of your **primary practice** during 1989? ..... _____

10. For the **entire primary practice** during 1989, how long did the average patient of record and average new patient have to **wait**:

	Patient of Record	New Patient
a. for the **initial appointment** of a series (excluding emergency cases)	_____	_____
b. to see a dentist **after** the patient arrived for a **scheduled appointment**	_____	_____

11. Approximately what percentage of the patients who visited the **primary practice** in 1989:

	Entire Practice Patient Characteristics
a. were:	
14 years of age or younger?	_____ %
15 to 64 years of age?	_____ %
over 65 years of age?	_____ %
	Total 100%
b. were members of families whose annual income is estimated to be:	
under $15,000?	_____ %
$15,000 to $34,999?	_____ %
over $35,000?	_____ %
	Total 100%
c. were:	
covered by a private insurance program that pays or partially pays for their dental care?	_____ %
covered by a public assistance program that pays or partially pays for their dental care?	_____ %
not covered by an insurance program?	_____ %
	Total 100%
d. were within:	
1-10 minutes drive or transportation?	_____ %
11-40 minutes drive or transportation?	_____ %
over 40 minutes drive or transportation?	_____ %
	Total 100%
e. were:	
male?	_____ %
female?	_____ %
	Total 100%

For the following procedures, record the fee that you most often charge. **Do not report a fee range please.** Record a single fee for each service. If you provide certain services **without charge**, write in zero. If you **do not perform** certain services (i.e., you are a specialist), check the appropriate box. The ADA Codes for Dental Procedures and Nomenclature are in parentheses for your assistance in specifying services.

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
DIAGNOSTIC (00100-00999)

Clinical oral examinations

- ☐ 1 Initial oral examination (00110) $_____.00
- ☐ 2 Periodic oral examination (00120) $_____.00
- ☐ 3 Emergency oral examination (00130) $_____.00

Radiographs

- ☐ 4 Intraoral-complete series (including bitewings) (00210) $_____.00
- ☐ 5 Intraoral-periapical-first film (00220) $_____.00
- ☐ 6 Intraoral-periapical-each additional film (00230) $_____.00
- ☐ 7 Bitewings-two films (00272) $_____.00
- ☐ 8 Bitewings-four films (00274) $_____.00
- ☐ 9 Temporomandibular joint arthrogram, including injection (00320) $_____.00
- ☐ 10 Other temporomandibular joint films, by report (00321) $_____.00
- ☐ 11 Panoramic film (00330) $_____.00

Tests and laboratory examinations

- ☐ 12 Diagnostic casts (00470) $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
PREVENTIVE (01000-01999)

Dental prophylaxis

- ☐ 1 Prophylaxis-adult (01110) $_____.00
- ☐ 2 Prophylaxis-child (01120) $_____.00
- ☐ 3 Topical application of fluoride (including prophylaxis) child (01201) $_____.00
- ☐ 4 Topical application of fluoride (including prophylaxis) adult (01205) $_____.00
- ☐ 5 Topical application of fluoride (excluding prophylaxis) child (01203) $_____.00
- ☐ 6 Topical application of fluoride (excluding prophylaxis) adult (01204) $_____.00

Other preventive services

- ☐ 7 Sealant-per tooth (01351) $_____.00

Space maintenance (passive appliances)

- ☐ 8 Space maintainer-fixed-unilateral (01510) $_____.00
- ☐ 9 Space maintainer-fixed-bilateral (01515) $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
RESTORATIVE (02000-02999)

Amalgam restorations (including polishing)

- ☐ 1 Amalgam-one surface, primary (02110) ..... $_____.00
- ☐ 2 Amalgam-two surfaces, primary (02120) ..... $_____.00
- ☐ 3 Amalgam-three surfaces, primary(02130) ..... $_____.00
- ☐ 4 Amalgam-one surface, permanent (02140) ..... $_____.00
- ☐ 5 Amalgam-two surfaces, permanent (02150) ..... $_____.00
- ☐ 6 Amalgam-three surfaces, permanent (02160) ..... $_____.00
- ☐ 7 Amalgam-four or more surfaces, permanent (02161) ..... $_____.00

Filled or unfilled resin restorations

- ☐ 8 Resin-one surface, anterior (02330) ..... $_____.00
- ☐ 9 Resin-two surfaces, anterior (02331) ..... $_____.00
- ☐ 10 Resin-three surfaces, anterior (02332) ..... $_____.00
- ☐ 11 Resin-four or more surfaces or involving incisal angle (02335) ..... $_____.00
- ☐ 12 Resin-one surface, posterior-permanent (02385) ..... $_____.00
- ☐ 13 Resin-two surfaces, posterior-permanent (02386) .. $_____.00
- ☐ 14 Resin-three surfaces, posterior-permanent (02387) .. $_____.00
- ☐ 15 Inlay-metallic-one surface (02510) ..... $_____.00
- ☐ 16 Inlay-metallic-two surfaces (02520) ..... $_____.00
- ☐ 17 Inlay-metallic-three surfaces (02530) ..... $_____.00
- ☐ 18 Onlay-metallic-per tooth (in addition to inlay) (02540) ..... $_____.00

Crowns-single restoration only

- ☐ 19 Crown-resin with high noble metal (02720)* ..... $_____.00
- ☐ 20 Crown-porcelain/ceramic substrate (02740) ..... $_____.00
- ☐ 21 Crown-porcelain fused to high noble metal (02750)* ..... $_____.00
- ☐ 22 Crown-porcelain fused to predominantly base metal (02751)* ..... $_____.00
- ☐ 23 Crown-porcelain fused to noble metal (02752)* ..... $_____.00
- ☐ 24 Crown-full cast high noble metal (02790)* ..... $_____.00
- ☐ 25 Crown-3/4 cast metallic (02810) ..... $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
RESTORATIVE (02000-02999)
(continued)

Other restorative services

- ☐ 26 Recement crown (02920) .... $_____.00
- ☐ 27 Prefabricated stainless steel crown-primary tooth (02930) ..... $_____.00
- ☐ 28 Prefabricated stainless steel crown-permanent tooth (02931) ..... $_____.00
- ☐ 29 Sedative filling (02940) ..... $_____.00
- ☐ 30 Crown buildup, including any pins (02950) ..... $_____.00
- ☐ 31 Cast post and core, in addition to crown (02952) ..... $_____.00
- ☐ 32 Labial veneer (laminate) (02960) ..... $_____.00
- ☐ 33 Labial veneer (porcelain laminate) - laboratory (02962) ..... $_____.00

*Classification	High noble	Noble	Predominantly base
Requirement	Noble metal content ≥ 60% (gold, platinum, palladium) and gold ≥ 40%	Noble metal content ≥ 25%+ (gold, platinum, palladium)	Noble metal content < 25% (gold, platinum, palladium)

+ There is no upper limit. This is to accommodate high noble metal content alloys with less than 40% gold.

DO NOT PERFORM.
(Check boxes.)

Do Not Report Ranges
ENDODONTICS (03000-03999)

Pulp capping

- ☐ 1 Pulp cap-direct (excluding final restoration) (03110)* ..... $_____.00
- ☐ 2 Pulp cap-direct (excluding final restoration) (03120) ..... $_____.00

Pulpotomy

- ☐ 3 Therapeutic pulpotomy (excluding final restoration) (03220) ..... $_____.00

Root canal therapy (including treatment plan, clinical procedures, and follow-up care)

- ☐ 4 One canal (excluding final restoration) (03310) ..... $_____.00
- ☐ 5 Two canals (excluding final restoration) (03320) ..... $_____.00
- ☐ 6 Three canals (excluding final restoration) (03330) ..... $_____.00

Periapical services

- ☐ 7 Apicoectomy (per tooth)-first root (03410) ..... $_____.00

Do Not Report Ranges.
PERIODONTICS (04000-04999)

Surgical services (including usual postoperative services)

- ☐ 1 Gingivectomy or gingivoplasty-per quadrant (04210) ..... $_____.00
- ☐ 2 Gingivectomy or gingivoplasty-per tooth (04211) ..... $_____.00
- ☐ 3 Gingival curettage (04220) .... $_____.00
- ☐ 4 Osseous surgery (including flap entry and closure)-per quadrant (04260) ..... $_____.00

Adjunctive periodontal services

- ☐ 5 Provisional splinting-extracoronal (04321) ..... $_____.00
- ☐ 6 Root planing-per quadrant (04341) ..... $_____.00
- ☐ 7 Periodontal scaling performed in the presence of gingival inflammation (04345) ..... $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
PROSTHODONTICS (REMOVABLE) (05000-05899)

Complete dentures (including routine post delivery care)

- ☐ 1 Complete upper (05110) ..... $_____.00
- ☐ 2 Complete lower (05120) ..... $_____.00
- 3 Immediate upper (05130) .... $_____.00
- ☐ 4 Immediate lower (05140) .... $_____.00

Partial dentures (including routine post delivery care)

- ☐ 5 Upper partial-acrylic base (including any conventional clasps and rests) (05211) .... $_____.00
- ☐ 6 Lower partial-acrylic base (including any conventional clasps and rests) (05212) .... $_____.00
- ☐ 7 Upper partial-predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05213)* ..... $_____.00
- ☐ 8 Lower partial-predominantly base cast base with acrylic saddles (including any conventional clasps and rests) (05214)* ..... $_____.00

Repairs to complete dentures

- ☐ 9 Repair broken complete denture base (05510) ..... $_____.00
- ☐ 10 Replace missing or broken teeth-complete denture (each tooth) (05520) ..... $_____.00

Repairs to partial dentures

- ☐ 11 Repair acrylic saddle or base (05610) ..... $_____.00
- ☐ 12 Repair cast framework (05620) $_____.00
- ☐ 13 Repair or replace broken clasp (05630) ..... $_____.00
- ☐ 14 Replace broken teeth-per tooth (05640) ..... $_____.00
- ☐ 15 Add tooth to existing partial denture (05650) ..... $_____.00
- ☐ 16 Add clasp to existing partial denture (05660) ..... $_____.00

Denture rebase procedures

- ☐ 17 Rebase complete upper denture (05710) ..... $_____.00

Denture reline procedures

- ☐ 18 Reline complete upper denture (chairside) (05730) .. $_____.00
- ☐ 19 Reline complete lower denture (chairside) (05731) .. $_____.00
- ☐ 20 Reline complete upper denture (laboratory) (05750) . $_____.00
- ☐ 21 Reline complete lower denture (laboratory) (05751) . $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
PROSTHODONTICS (FIXED) (06000-06999)

(Each abutment and each pontic constitutes a unit in a bridge.)

Bridge pontics

- ☐ 1 Pontic-cast high noble metal (06210)* . . . . . $_____.00
- ☐ 2 Pontic-porcelain fused to high noble metal (06240)* . . . $_____.00
- ☐ 3 Pontic-porcelain fused to predominantly base metal (06241)* . . . . . $_____.00

Retainers

- ☐ 4 Cast metal retainer for acid etch bridge (06545) . . . . . $_____.00

Bridge retainers-crowns

- ☐ 5 Crown-resin with high noble metal (06720)* . . . . . $_____.00
- ☐ 6 Crown-porcelain fused to high noble metal (06750)* . . . . . $_____.00
- ☐ 7 Crown-porcelain fused to predominantly base metal (06751)* . . . . . $_____.00
- ☐ 8 Crown-3/4 cast high noble metal (06780)* . . . . . $_____.00
- ☐ 9 Crown-full cast high noble metal (06790)* . . . . . $_____.00

Other fixed prosthetic services

- ☐ 10 Recement bridge (06930) . . . . . $_____.00

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DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
ORAL AND MAXILLOFACIAL SURGERY (07000-07999)

Extractions (includes local anesthesia and routine postoperative care)

- ☐ 1 Single tooth (07110) . . . . . $_____.00
- ☐ 2 Each additional tooth (07120) $_____.00

Surgical extractions (includes local anesthesia and routine postoperative care)

- ☐ 3 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (07210) . . . . . $_____.00
- ☐ 4 Removal of impacted tooth-soft tissue (07220) . . . . . $_____.00
- ☐ 5 Removal of impacted tooth-partially bony (07230) . . . . . $_____.00
- ☐ 6 Removal of impacted tooth-completely bony, (07240) . . . . $_____.00
- ☐ 7 Removal of impacted tooth-completely bony, with unusual surgical complications (07241) $_____.00
- ☐ 8 Surgical removal of residual tooth roots (cutting procedure) (07250) . . . . . $_____.00

Other surgical procedures

- ☐ 9 Surgical exposure of impacted or unerupted tooth to aid eruption (07281) . . . . . $_____.00

Alveoloplasty-surgical preparation of ridge for dentures

- ☐ 10 Alveoloplasty in conjunction with extractions-per quadrant (07310) . . . . . $_____.00
- ☐ 11 Alveoloplasty not in conjunction with extractions-per quadrant (07320) . . . . . $_____.00

Removal of tumors, cysts, and neoplasms

- ☐ 12 Excision of benign tumor-lesion diameter up to 1.25 cm (07430) . . . . . $_____.00
- ☐ 13 Removal of odontogenic cyst or tumor-lesion diameter up to 1.25 cm (07450) . . . . . $_____.00
- ☐ 14 Removal of exostosis-maxilla or mandible (07470) . . . . . $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
ORAL AND MAXILLOFACIAL SURGERY (07000-07999)
(continued)

Treatment of fractures-compound

☐ 15 Mandible-open reduction (07730) ..... $_____.00

Reduction of dislocation and management of other temporomandibular joint dysfunctions

☐ 16 Occlusal orthotic appliance (07880) ..... $_____.00

Repair of traumatic wounds

☐ 17 Suture of recent small wounds up to 5 cm (07910) ..... $_____.00

Other repair procedures

☐ 18 Frenulectomy (frenectomy or frenotomy)-separate procedure (07960) ..... $_____.00
☐ 19 Excision of hyperplastic tissue-per arch (07970) ..... $_____.00

Do Not Report Ranges.
ORTHODONTICS (08000-08999)

Minor treatment for tooth guidance

☐ 1 Removable appliance therapy (08110) ..... $_____.00
☐ 2 Fixed appliance therapy (08120) $_____.00

Comprehensive orthodontic treatment-transitional dentition

☐ 3 Class I malocclusion (08460) ... $_____.00
☐ 4 Class II malocclusion (08470) .. $_____.00
☐ 5 Class III malocclusion (08480) . $_____.00

Comprehensive orthodontic treatment-permanent dentition

☐ 6 Class I malocclusion (08560) ... $_____.00
☐ 7 Class II malocclusion (08570) .. $_____.00
☐ 8 Class III malocclusion (08580) . $_____.00

Other orthodontic services

☐ 9 Treatment of the atypical or extended skeletal case (08650) $_____.00
☐ 10 Posttreatment stabilization (08750) ..... $_____.00

DO NOT PERFORM
(Check boxes.)

Do Not Report Ranges.
ADJUNCTIVE GENERAL SERVICES (09000-09999)

Unclassified treatment

☐ 1 Palliative (emergency) treatment of dental pain-minor procedures (09110) ..... $_____.00

Anesthesia

☐ 2 Regional block anesthesia (09211) ..... $_____.00
☐ 3 General anesthesia-first 30 minutes (09220) ..... $_____.00
☐ 4 General anesthesia-each additional 15 minutes (09221) $_____.00
☐ 5 Analgesia (09230) ..... $_____.00

Miscellaneous Services

☐ 6 Occlusal guards, by report (09940) ..... $_____.00
☐ 7 Occlusal adjustment-complete (09952) ..... $_____.00
☐ 8 Occlusal adjustment-limited (09951) ..... $_____.00

Thank you very much for your assistance in this important research project. Please return this questionnaire by folding and placing tape as indicated. Drop it in the mail. The postage is paid.